
DC Fire & EMS Patient Care Policies: Patient Initiated Refusal of Treatment

I. All Provider Levels

1. On those incidents where there is no patient, no one has any obvious injury, or no one appears to be in medical distress and everyone is alert and oriented to person, place, and time, with a glasgow coma score of 15, the provider shall make the appropriate documentation on the ambulance incident report and return promptly back to service.
2. Should the patient be stable and not suffering from any life threatening or potentially life threatening emergency condition, and the patient does not wish to be transported to the hospital, the provider shall
 - A. Provide a thorough initial and detailed physical exam.
 - B. Document all findings, including two (2) sets of vital signs.
 - C. Explain the risks and possible consequences of not seeking medical care and treatment.
 - D. Encourage the patient to reconsider transport to a hospital.
 - E. Let the patient and others with the patient know that if the patient's condition should get worse they should call 9-1-1 again for emergency treatment and transportation.
 - F. Have the patient sign the refusal section of the ambulance incident report and have a disinterested third party witness the signature (when possible).
 - i. Should the patient be stable and not wish treatment or transportation to the hospital but refuses to sign the ambulance reporting form and there is no disinterested third party to affirm the refusal, the provider shall complete all necessary documentation, including the patient care report, and immediately notify a supervisor of the situation before leaving the patient and await direction of the supervisor.

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I. All Provider Levels (continued)



- ii. Should the patient have a life threatening or potentially life threatening emergency and does not wish transportation to the hospital after the provider has explained the possible risks and consequences (including the possibility of death) to the patient, the provider shall notify a supervisor and contact Medical Control to speak with an Emergency Room Physician. Explain the situation to the doctor and have the doctor speak with the patient. If the patient still chooses not to go to the hospital the crew will advise the supervisor of the situation and await direction, documenting all findings.

Note Well: *All providers are reminded that all patients, especially refusals, require complete documentation of the incident on the patient care form.*

3. All providers should forward copies of the patient care report to the CQI office prior to the conclusion of the shift.



II. Advanced Life Support Providers

1. If the patient has received advanced life support to correct the mental status of the patient, the patient is stable and has no other medical or trauma complaints or illness after a thorough initial and secondary exam with two (2) sets of vital signs and elects not to be transported to the hospital, the crew may obtain a written refusal after documenting all findings.

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II. Advanced Life Support Providers (continued)

2. If the patient is alert and oriented to person, place and time, has a glasgow coma score of 15, is not psychotic, is not a risk to themselves and has received a thorough initial and secondary exam, including two sets of vital signs, advance life support treatment for any other condition, and still does not wish to be transported to the after hospital after the provider has explained the possible risks and consequences (including the possibility of death) to the patient, the provider shall notify a supervisor and contact Medical Control to speak with an Emergency Room Physician. Explain the situation to the doctor and have the doctor speak with the patient. If the patient still chooses not to go to the hospital the crew will advise the supervisor of the situation and await direction, documenting all findings.
3. If the patient is alert and oriented to person, place and time, has a glasgow coma score of 15, and they choose not to receive any treatment and/or transportation to the hospital, follow the guidelines in Section II, subsection 2.



Note Well: *Should the patient be a child (less than 18 years old), and the parent or guardian is present they may refuse care and transport of the child provided the above procedures are adhered to.*



Note Well: *If a residence is the subject of more than two responses in a 24-hour period, it is recommended that the Metropolitan Police Department be requested to respond.*



Note Well: *When In Doubt, Request a Metropolitan Police Officer, a Supervisor and/or Contact Medical Control.*

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